

HAWAII PUBLIC HOUSING AUTHORITY (HPHA)

COMPLAINT PROCEDURE

This complaint procedure is established to meet the requirements of the Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act, the Fair Housing Act, Equal Employment Opportunity (EEO), and to address Sexual Harassment. This complaint procedure may be used by anyone who wishes to file a complaint alleging discrimination, sexual harassment, or other violation in employment, in policies or the provision of services, activities, programs, or benefits by the HPHA.

The complaint should be in writing and contain information about the alleged discrimination and/or violation with the complainant's name, address, and phone number. Alternative means of filing complaints, such as personal interviews will be made available to persons with disabilities upon request.

The complainant should submit the complaint as soon as possible but no later than 30 working days after the alleged violation to:

Name: Chief Compliance Officer
Phone: 832-5900
832-3493 (FAX)
832-3817(TTY)
Address: 1002 N. School Street, Honolulu, Hi 96817

Within 15 working days after receipt of the complaint, the Chief Compliance Officer or a designee will meet with the complainant either in person or over the phone to discuss the complaint and possible resolutions. Within 15 working days after the meeting, the Chief Compliance Officer or a designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audiotape. The response will explain the position of HPHA and offer options for substantive resolution of the complaint.

If the response of the Chief Compliance Officer or a designee does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 working days after receipt of the response, in writing to the Executive Director of HPHA. The appeal must state the reason(s) for dissatisfaction with the response given to the complainant.

Within 15 working days after receipt of the appeal, the HPHA Executive Director will meet with the complainant in person or by phone to discuss the complaint and possible resolutions. Within 15 working days after the meeting the HPHA Executive Director will respond in writing, and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint. The Executive Director's decision shall be final and binding within HPHA's purview.

*Note: The Executive Director or a designee, Chief Compliance Officer or designee may change the time limits stated in the Complaint Procedure after consultation with the complainant or for good cause as determined by the Executive Director or Designee, Chief Compliance Officer or Designee.

State of Hawaii
Hawaii Public Housing Authority

NOTICE TO PERSONS FILING COMPLAINTS

You have exercised your protected right to file a complaint alleging unlawful discrimination, sexual harassment, or violation of equal employment opportunity laws of the State of Hawaii or Federal statutes and regulations. You have the following rights and protections under the Complaint Procedure.

1. You have the right to file a complaint via the Complaint Procedure.
2. You have the right to file a complaint and be free from retaliation. HPHA does not tolerate retaliation. Report such acts immediately.
3. You have the right to know of actions, hearings, conferences, and decision(s) that have or will occur in the Complaint Procedure.
4. You have the right to information being kept confidential; however, person(s) involved in the complaint will be informed, as needed.
5. You have the right to be represented by an attorney, at your own expense, or by another representative of your choice.
6. If you wish to withdraw the complaint, submit a written/dated withdrawal statement to the Chief Compliance Officer.
7. You have the right to other redress and may file a complaint with any of the appropriate agencies listed below. You are responsible to contact the agency, meet its complaint filing procedures, and comply with the agency's time requirements for filing the complaint.

HAWAII CIVIL RIGHTS COMMISSION
Keelikolani Building
830 Punchbowl St., Room 411
Honolulu, Hawaii 96813

EQUAL EMPLOYMENT
OPPORTUNITY COMMISSION
300 Ala Moana Blvd., Rm 7123A
Honolulu, Hawaii 96813

HAWAII GOVERNMENT EMPLOYEES
ASSOCIATION (HGEA)
888 Mililani St.
Honolulu, Hawaii 96813

STATE CIVIL SERVICE
COMMISSION
235 South Beretania St.
Honolulu, Hawaii 96812

UNITED PUBLIC WORKERS (UPW)
1426 North School St.
Honolulu, Hawaii 96817

U.S. DEPT. OF HOUSING
AND URBAN DEVELOPMENT
500 Ala Moana Blvd, Suite 3A
Honolulu, Hawaii 96813

**State of Hawaii
Hawaii Public Housing Authority
COMPLAINT FORM**

For HPHA Only

Complainant's Name (Type or Print)

Receipt Date	Initial
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Address

City

State

Zip Code

Phone Number

Alleged unlawful discrimination or violation relates to:

Race/Color

Religion

Sexual Orientation

Sexual
Harassment

Marital
StatusNational Origin
(ancestry)

Retaliation

____ Sex (including sexual identity and expression)

HIV Infection

Disability

Age

_____ Familial status
(families with children
under 18 years of age)

Other

1. Describe the nature of the discrimination or violation below.

[illegible]

2. Who was involved? Write their name(s) or identity below.

3. Any witness(es)? Write their name(s) and phone number(s) below.

4. Where did the incident(s) happen? Write incident location(s) below.

5. When did the incident(s) happen? Write the date(s) and time(s) below.

6. Write any other relevant facts or supporting information below.

I authorize HPHA to contact individuals named in this complaint.

Complainant's Signature

Date

(Attached additional pages if needed)